## STATEMENT OF DESIGNATION OF COUNSEL

Please use one form for each respondent

MUR_ 5633						
NAME OF CO	OUNSEL:	ALAN P. DY	E, Heidi l	K. Abeg		
FIRM:	WEBSTER.	CHAMBERLAIN & B	EAN		-	
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·	WASHINGTO	ON DC 20006			_	
		•			<b>-</b>	
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		02) 835-0243		-		
and is autho	orized to red	d individual is hereby ceive any notification	ns and othe	er commu	ınications	
from the Co	mmission a	nd to act on my beha	alf before ti	he Comm	ission.	
from the Co	mmission a <u> </u>	nd to act on my beha URTIS S. BRAMBLE Print Name		he Comm	ilssion.	
from the Co	ommission a	URTIS S. BRAMBLE		<b>)</b>	reasurer	
from the Co	ommission a	URTIS S. BRAMBLE		<b>)</b>		
//10/05 Date	c	Print Name	<u></u>	) 	TREASURER Title	COST,
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Date  RESPONDE	ENT'S NAME	Signature  Signature  Signature  Signature	OWER INTI	) 	TREASURER Title	COST, PAC
Date  RESPONDE  ADDRESS:	ENT'S NAME  190 WEST  PROVO, U	Signature  Signature  Signature  Signature	OWER INTI	) 	TREASURER Title	COST, PAC